

1/5

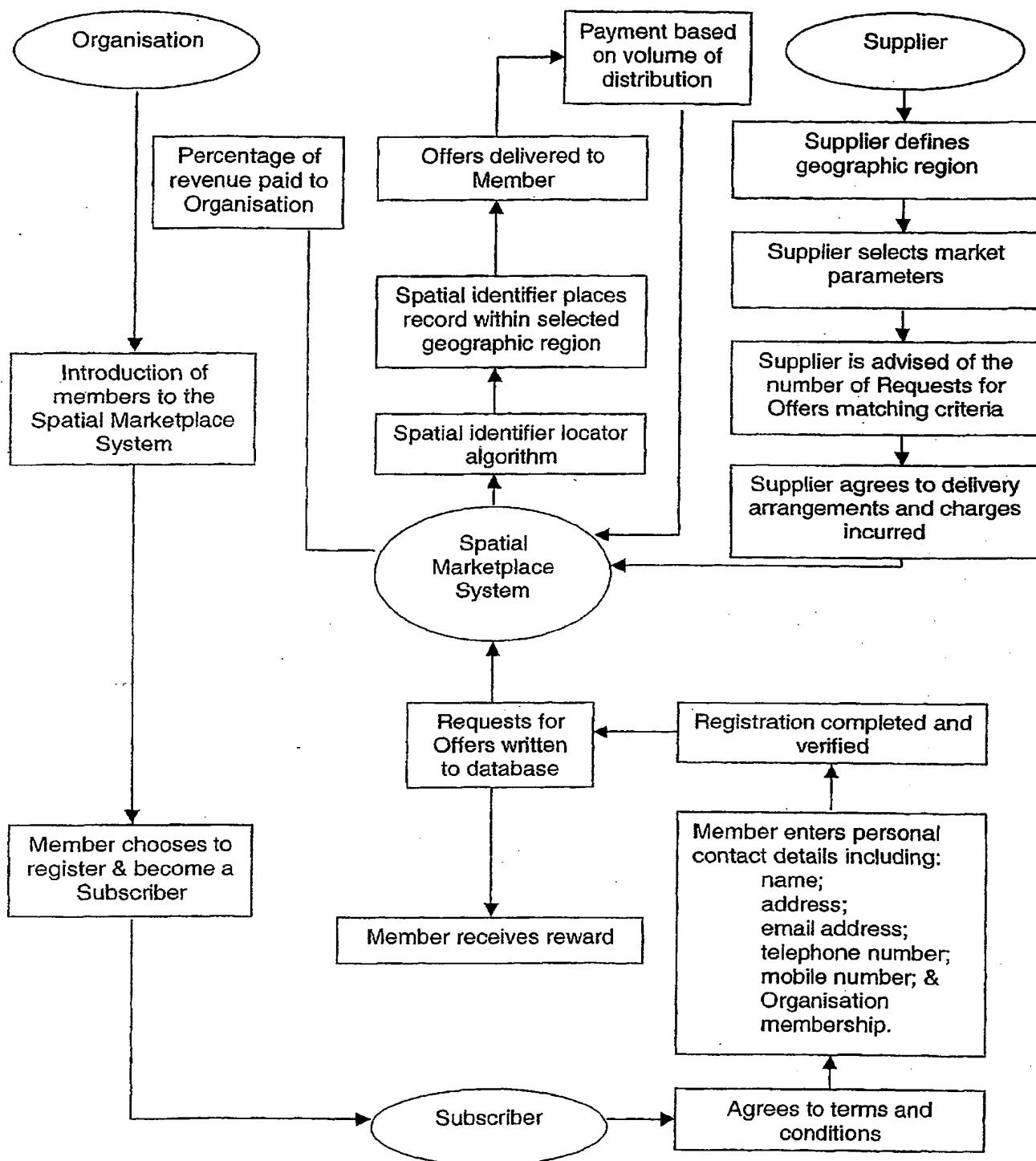


Figure 1

Rec'd PCT/PTO 14 JUL 2005

WO 2004/063951

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10/542380

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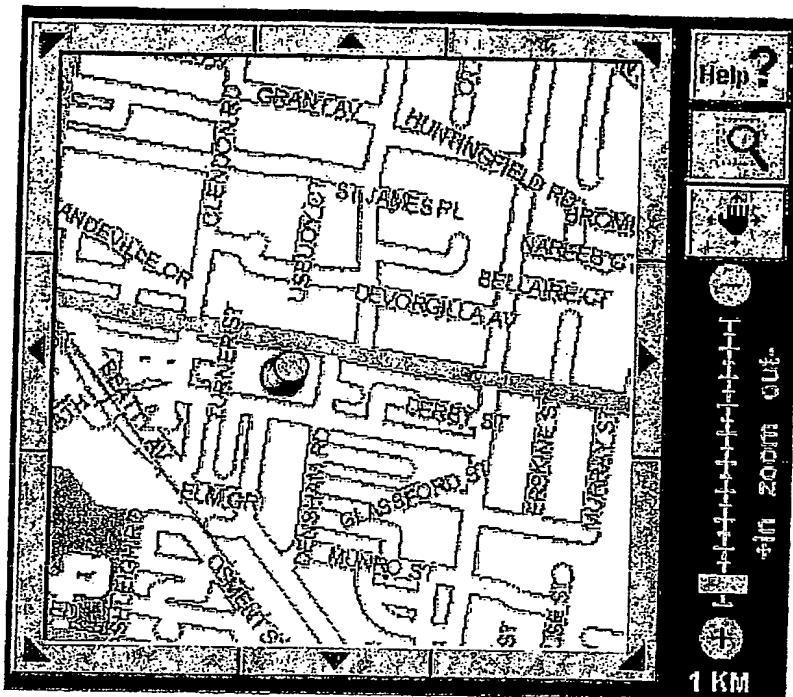


Figure 2

You must fill in all the details marked with an asterisk (*) before your registration will be accepted.
No information entered here will be published directly to the internet to any other user other than yourself.

Your Registration Type	<input checked="" type="checkbox"/> 07. Member	Registration Type Overview A Member can manage websites and delegate authorities to other users within
Your Support Contact	Robert May (National Sales Manager)	
Given Name	<input type="text"/>	
Family Name	<input type="text"/>	
Username	<input type="text"/>	
Password	<input type="password"/>	
Confirm Password	<input type="password"/>	
<input type="checkbox"/> I have read the Terms and Conditions *		
Enter a question that only you would know the answer to, e.g. what is your favorite breed of dog?		
Enter the answer to your question above.		
Business Name	<input type="text"/>	
ABN / Business Number	<input type="text"/>	
Trading Name	<input type="text"/>	
D-U-N-S Number	<input type="text"/>	
Agency Reference Number	<input type="text"/>	
Position In company	<input type="text"/> -Select Position-	
Principle Line of Business	<input type="text"/>	
Street Address 1	<input type="text"/> Building number	
Street Address 2	<input type="text"/> City	
City/Town/Suburb	<input type="text"/> Postcode	
State	<input checked="" type="checkbox"/> ACT	
Postcode	<input type="text"/> Australia	

Figure 4

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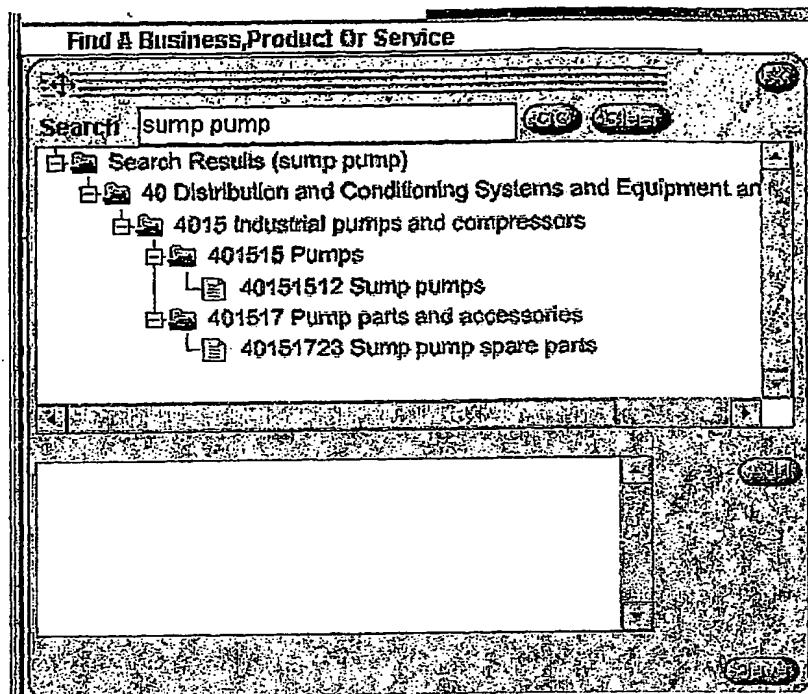


Figure 3a

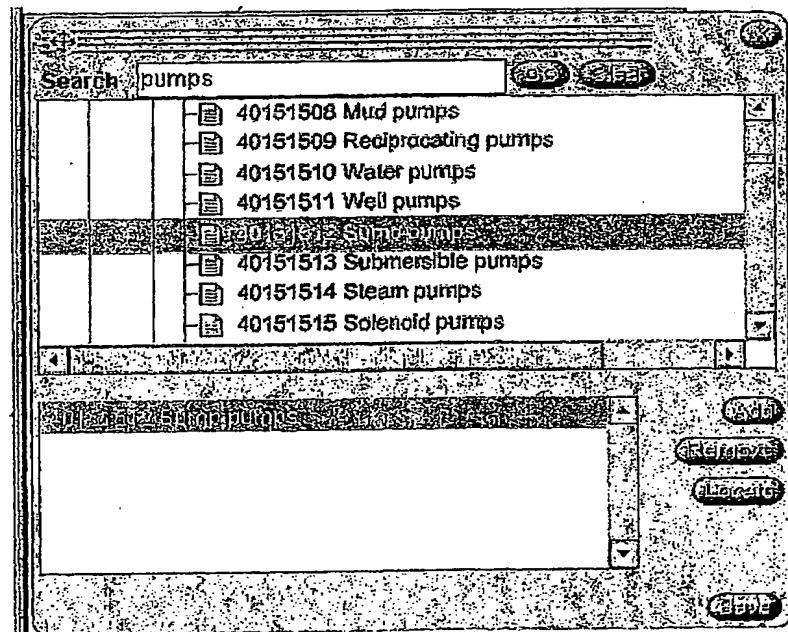


Figure 3b

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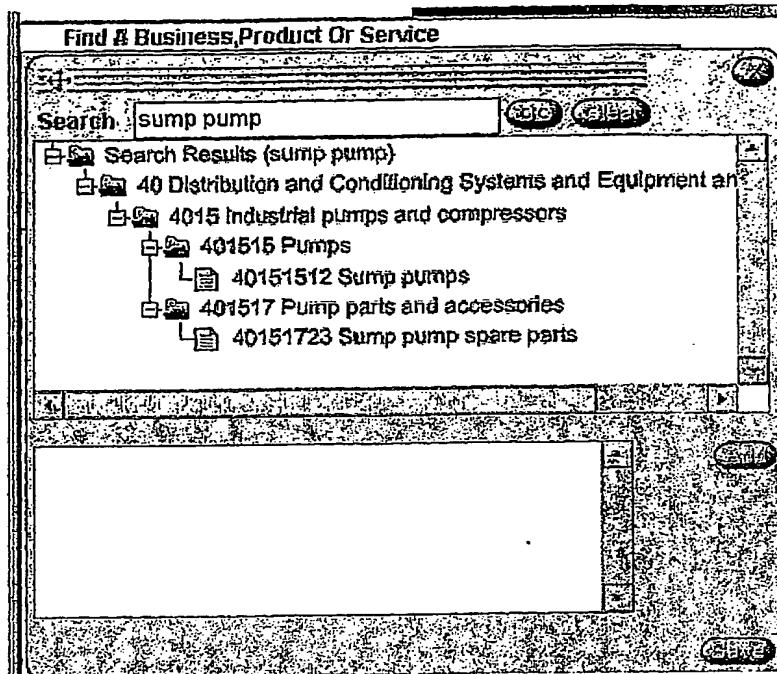


Figure 3c

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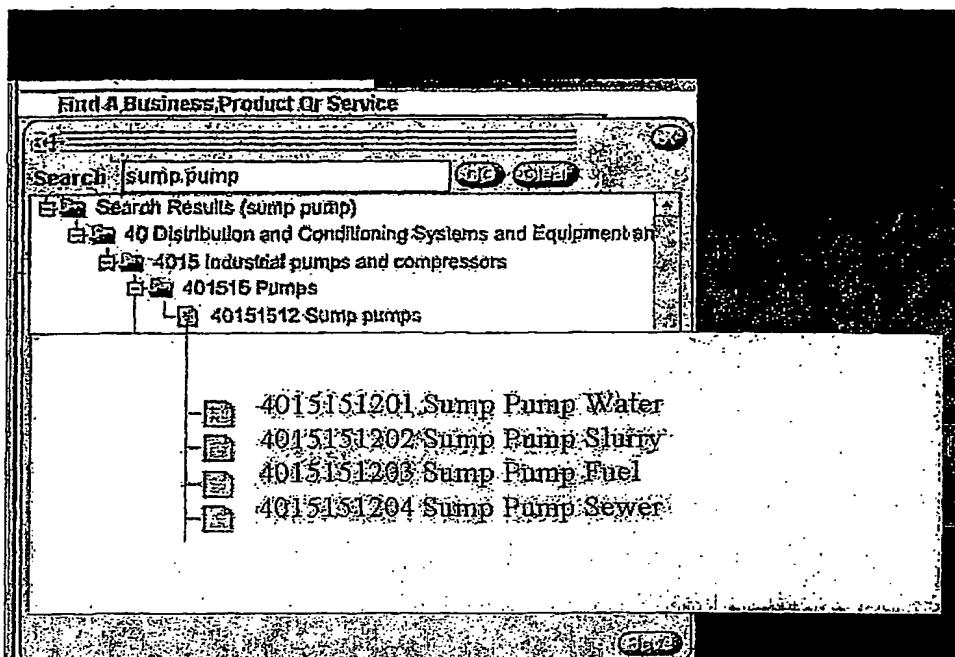


Figure 3d

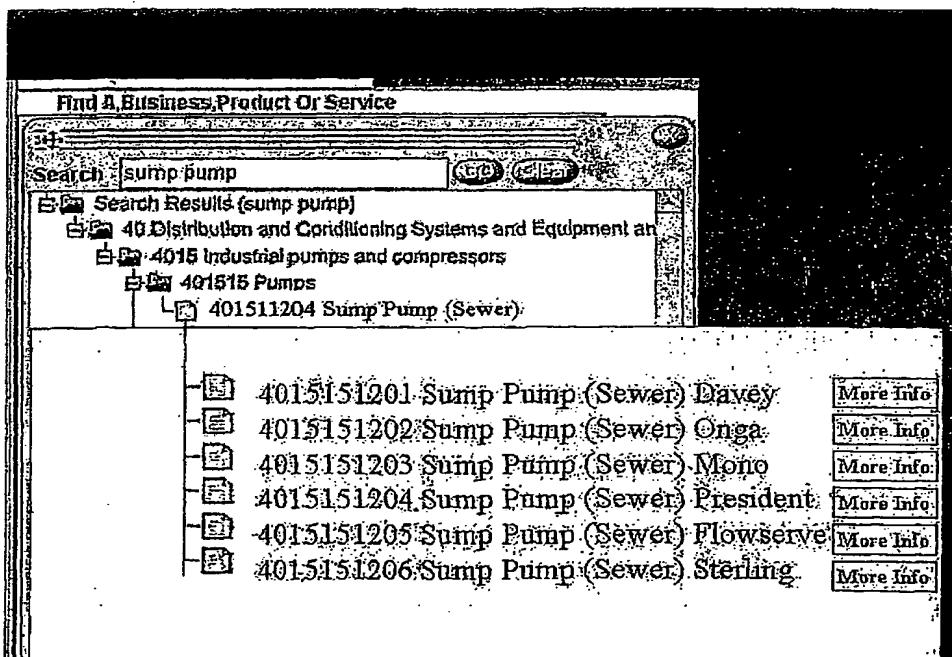


Figure 3e

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